



Docket No.: 110352

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTRONIC

BUSINESS '	TRANSACTION ASS	SISTING SYSTEM AND	METHOD			
OIP described and ch	aimed in the specification:					
Check one						
AN 0 4 2002 b.	attached hereto. It filed on October	17, 2001 as Application	No	and amended on	(if applicable).	
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		ed and understand the contents	of the above-identifie	d specification, including	the claims, as amende	
	nt referred to above.	ose to the Office all information	known to me to be ma	iterial to natentability as d	efined in Title 37 Co.	
of Federal Regul		se to the office an information	MINWITTO THE TO BE THE	ucimi u paterialomiy as u	CHECK III THE 37, COL	
		119, the priority benefits of th	e following foreign :	annlication(s) and/or Un	ited States provision	
		this application are hereby clai		apparation (o) man or or	Ounce provide	
Japanese Paten	t Application No. 2000-	319580 filed October 19, 2000)			
Gup						
The fo	llowing application(a) for	patent or inventor's certificate	on this invention	. Filed in accompanies formion	to the United States	
		or to this application, or (b) be				
	ates provisional application		Tote die mile date of	inc accove-initiate foreign	promy application	
		•				
		<u>.</u> *				
	by appoint the following as siness in the Patent Office	s my attorneys of record with ful:	l power of substitution	and revocation to prosec	cute this application ar	
•	James A	A. Oliff, Reg. No. 27,075; Will	iam P. Berridge, Re	g. No. 30,024;		
	Kirk M.	Hudson, Reg. No. 27,562; Tl	nomas J. Pardini, Re	g. No. 30,411;	•	
		P. Walker, Reg. No. 31,450;		—		
	Mario A. Cost	tantino, Reg. No. 33,565; and	Caroline D. Denniso	on, Reg. No. 34,494.		
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		NECTION WITH THIS AP. L, VIRGINIA 22320, TELEP			TEL & REKKIDGI	
ILC, I.O. BOA	· · · · · · · · · · · · · · · · · · ·	, VIRGINIA 22320, TELEP	HONE (703) 830-040	JU.		
I herel	w declare that I have revi	ewed and understand the conte	nte of this Declaration	and that all statements s	made herein of my ov	
	-	nade on information and belief a			•	
		and the like so made are punish:				
•		ul false statements may jeopard	-			
1		7.7	•	,.		
Typewritten Full N	ame					
of First or Sole In		Kota			NEZU	
•		Given Name	Middl	e Initial	Family Name	
**Inventor's Signate	ure:		Hota Negu			
**Date of Signature	÷:	October 18, 2001				
*		Month		Day	Year	
Residence:	To	yota-shi	Aichi-ke	•	JAPAN	
4		City	State or Pro	vince.	Country	
Citizenship:	Japanese	 ,	State Of 1 10		- Comitty	
1.	Post Office Addres					
	(Insert complete	c/o TOYOTA JIDOSHA KABUSHIKI KAISHA				
*	mailing address,					
• •	including country)	1. Toyota-cho, Toyota-si	L: A:.L: L 471 06	71 1		

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE $\ igotimes$

1, Toyota-cho, Toyota-shi, Aichi-ken, 471-8571 Japan

10/96

1	Typewritten Full Nam	ie ·	the state of the		
of Second Joint Inventor (if any)		Simon	David	HUMPHRIES	
2	**Inventor's Signature		Given Name	Middle Initial	Family Name
3	**Date of Signature:	,	. 10	100	2001
ب	Date of Signature.	**	Month	<u>'18 —</u>	2001 Year
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	MARKARA.	City		State or Province	Country
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1	Typewritten Full Nam		****		- A
	of Third Joint Invento	or (if any)	Kikuko Given Name	Middle Initial	YAMAWA Family Name
2	##Inventor's Cignotum			1	Family Name
2	**Inventor's Signature			Kikuko Yamawa	
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		Month		Day	Year
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	•	City	•	State or Province	Country
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1	Typewritten Full Nam of Fourth Joint Inven			v.	
		13 07	Norihiro	3 21 10 1 11 1	MATSUBARA
2	**Inventor's Signature:	<u> </u>	Given Name	Middle Initial orihizo Matsubor	Family Name
3	**Date of Signature:			October 18, 2001 _	*
			Month.	Day	Year
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				State or Province	Country
	Citizenship:	Japanese		State of Frovince	County
		Post Office Address:	* _x		
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		mailing address, including country)			
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1	1 Typewritten Full Name of Fifth Joint Inventor (if any)				
			Given Name	Middle Initial	Family Name
2	**Inventor's Signature:			· · · · · · · · · · · · · · · · · · ·	
3	**Date of Signature:				
	D :1		Month	Day	Year
	Residence:	City		State or Province	Country
	Citizenship:				
	Post Offic	e Address:			
		(Insert complete			
	,	mailing address, including country)			

[&]quot;Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.